

12/28/02  
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PTO/SB/05 (03-01)

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR § 1.53(b))

|                        |                                       |
|------------------------|---------------------------------------|
| Attorney Docket No.    | 0942.2840003                          |
| First Inventor         | James M Kubiak                        |
| Title                  | Automated Liquid Manufacturing System |
| Express Mail Label No. |                                       |

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents

**ADDRESS TO:**

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1.  Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original, and a duplicate for fee processing)

2.  Applicant claims small entity status.  
See 37 CFR 1.27.

3.  Specification [Total Pages 45]  
(preferred arrangement set forth below)  
- Descriptive title of the Invention  
- Cross Reference to Related Applications  
- Statement Regarding Fed sponsored R & D  
- Reference to sequence listing, a table, or a computer program listing appendix  
- Background of the Invention  
- Brief Summary of the Invention  
- Brief Description of the Drawings (if filed)  
- Detailed Description  
- Claim(s)  
- Abstract of the Disclosure

4.  Drawing(s) (35 U.S.C. 113) [Total Sheets 8]

5.  Oath or Declaration [Total Pages 3]  
a.  Newly executed (original or copy)  
b.  Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)  
i.  DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §§ 1.63(d)(2) and 1.33(b).

6.  Application Data Sheet. See 37 CFR 1.76.

7.  CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  
a.  Computer Readable Form (CRF)  
b. Specification Sequence Listing on:  
i.  CD-ROM or CD-R (2 copies); or  
ii.  paper  
c.  Statements verifying identity of above copies

31046 U.S. PTO  
02/28/02

**ACCOMPANYING APPLICATION PARTS**

9.  Assignment Papers (cover sheet & document(s))

10.  37 CFR 3.73(b) Statement  Power of Attorney (when there is an assignee)

11.  English Translation Document (if applicable)

12.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations

13.  Preliminary Amendment

14.  Two (2) Return Receipt Postcards (MPEP 503) (Should be specifically itemized)

15.  Certified Copy of Priority Document(s) (if foreign priority is claimed)

16.  Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent

17.  Other. Authorization under 37 C.F.R. § 1.136(a)(3)  
 Other The name of the assignee is.

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76

Continuation  Divisional  Continuation-in-Part (CIP)

Prior application information: Examiner Soohoo, Tony Glen

of prior application No: 09/790,623

Group/Art Unit 1723

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

Customer Number or Bar Code Label

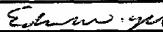


or  Correspondence address below

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|         |   |          |  |
|---------|---|----------|--|
| NAME    | STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C. PATENT TRADEMARK OFFICE |          |  |
| ADDRESS | Attorneys at Law  |          |  |
| CITY    | STATE   | ZIP CODE |  |
| COUNTRY | TELEPHONE   | FAX      |  |

|                   |   |                                   |               |
|-------------------|---|-----------------------------------|---------------|
| NAME (Print/Type) | Edward W. Yee   | Registration No. (Attorney/Agent) | 47,294        |
| SIGNATURE         |  | Date                              | Feb. 28, 2002 |

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision

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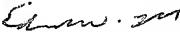
Complete if Known

|                      |                 |
|----------------------|-----------------|
| Application Number   | To be assigned  |
| Filing Date          | Herewith        |
| First Named Inventor | James M. Kubiak |
| Examiner Name        | To be assigned  |
| Group Art Unit       | To be assigned  |
| Attorney Docket No.  | 0942.2840003    |

| METHOD OF PAYMENT (check one)  |                 | FEE CALCULATION (continued)   |                 |  |                          |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
|--|-----------------|---|-----------------|--|--------------------------|--|--|-----------------------|-----------------|-----------------------|-----------------|-----------------|--|---------------|---------|--|------------------------|-------------------------------------|---|-----|-----|-----------------------------------|-----|--|--------------------------|-----|--------------------------|-----|-----|---------------------------|--------------------------|--|-------|-----|-------|---|--|-------------------------|------|-----|------|--|--------------------------|--------------------------|--------|-----|--------|---|--------------------------|-----|-----|-----|----|--|--------------------------|-----|-----|-----|-----|---|--------------------------|-----|-----|-----|-----|--|--------------------------|-----|-------|-----|-----|---|--------------------------|-----|-------|-----|-----|--|--------------------------|-----|-----|-----|-----|------------------|--------------------------|-----|-----|-----|-----|--|--------------------------|-----|-----|-----|-----|--------------------------|--------------------------|-----|-------|-----|-------|---|--------------------------|-----|-----|-----|----|----------------------------------|--------------------------|-----|-------|-----|-----|------------------------------------|--------------------------|-----|-------|-----|-----|--------------------------------|--------------------------|-----|-----|-----|-----|------------------|--------------------------|-----|-----|-----|-----|-----------------|--------------------------|-----|-----|-----|-----|-------------------------------|--------------------------|-----|-----|-----|-----|---|--------------------------|-----|-----|-----|-----|---|--------------------------|-----|----|-----|----|--|--------------------------|-----|-----|-----|-----|---|--------------------------|-----|-----|-----|-----|--|--------------------------|-----|-----|-----|-----|---|--------------------------|-----|-----|-----|-----|---|--------------------------|---|--|--|--|--|--|---|--|--|--|--|--|-----------------------------------|--|--|--|-------------------------|--|
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:<br><br>Deposit Account Number <input type="text" value="19-0036"/><br>Deposit Account Name <input type="text" value="Sterne, Kessler, Goldstein &amp; Fox P L C"/><br><br><input type="checkbox"/> Charge Any Additional Fee Required<br><small>Under 37 CFR §§ 1.16 and 1.17</small><br><input type="checkbox"/> Applicant claims small entity status<br><small>See 37 CFR 1.27</small>  |                 | 3. ADDITIONAL FEES<br>Large Entity      Small Entity<br><table border="1"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td><input type="checkbox"/></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td><input type="checkbox"/></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td><input type="checkbox"/></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for ex parte reexamination</td><td><input type="checkbox"/></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td><input type="checkbox"/></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td><input type="checkbox"/></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td><input type="checkbox"/></td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td><input type="checkbox"/></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td><input type="checkbox"/></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td><input type="checkbox"/></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td><input type="checkbox"/></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td><input type="checkbox"/></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td><input type="checkbox"/></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td><input type="checkbox"/></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td><input type="checkbox"/></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td><input type="checkbox"/></td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive - unintentional</td><td><input type="checkbox"/></td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td><td><input type="checkbox"/></td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td><td><input type="checkbox"/></td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td><td><input type="checkbox"/></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td><input type="checkbox"/></td></tr> <tr><td>123</td><td>130</td><td>123</td><td>130</td><td>Petitions related to provisional applications</td><td><input type="checkbox"/></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td><input type="checkbox"/></td></tr> <tr><td>581</td><td>40</td><td>481</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td><input type="checkbox"/></td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td><input type="checkbox"/></td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td><input type="checkbox"/></td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td><td>Request for Continued Examination (RCE)</td><td><input type="checkbox"/></td></tr> <tr><td>168</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td><input type="checkbox"/></td></tr> <tr> <td colspan="6">Other fee (specify): <input type="text"/></td> </tr> <tr> <td colspan="6">Other fee (specify): <input type="text"/></td> </tr> <tr> <td colspan="4">*Reduced by Basic Filing Fee Paid</td> <td colspan="2">SUBTOTAL (3) (\$ 00.00)</td> </tr> </tbody> </table> |                 |  |                          |  |  | Fee Code              | Fee (\$)        | Fee Code              | Fee (\$)        | Fee Description | Fee paid   | 105           | 130     | 205  | 65                     | Surcharge - late filing fee or oath | <input type="checkbox"/>                            | 127 | 50  | 227                               | 25  | Surcharge - late provisional filing fee or cover sheet | <input type="checkbox"/> | 139 | 130                      | 139 | 130 | Non-English specification | <input type="checkbox"/> | 147  | 2,520 | 147 | 2,520 | For filing a request for ex parte reexamination | <input type="checkbox"/>                                 | 112                     | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action | <input type="checkbox"/> | 113                      | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action | <input type="checkbox"/> | 115 | 110 | 215 | 55 | Extension for reply within first month | <input type="checkbox"/> | 116 | 400 | 216 | 200 | Extension for reply within second month | <input type="checkbox"/> | 117 | 920 | 217 | 460 | Extension for reply within third month | <input type="checkbox"/> | 118 | 1,440 | 218 | 720 | Extension for reply within fourth month | <input type="checkbox"/> | 128 | 1,960 | 228 | 980 | Extension for reply within fifth month | <input type="checkbox"/> | 119 | 320 | 219 | 160 | Notice of Appeal | <input type="checkbox"/> | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal | <input type="checkbox"/> | 121 | 280 | 221 | 140 | Request for oral hearing | <input type="checkbox"/> | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | <input type="checkbox"/> | 140 | 110 | 240 | 55 | Petition to revive - unavoidable | <input type="checkbox"/> | 141 | 1,280 | 241 | 640 | Petition to revive - unintentional | <input type="checkbox"/> | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) | <input type="checkbox"/> | 143 | 460 | 243 | 230 | Design issue fee | <input type="checkbox"/> | 144 | 620 | 244 | 310 | Plant issue fee | <input type="checkbox"/> | 122 | 130 | 122 | 130 | Petitions to the Commissioner | <input type="checkbox"/> | 123 | 130 | 123 | 130 | Petitions related to provisional applications | <input type="checkbox"/> | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt | <input type="checkbox"/> | 581 | 40 | 481 | 40 | Recording each patent assignment per property (times number of properties) | <input type="checkbox"/> | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR 1.129(a)) | <input type="checkbox"/> | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR 1.129(b)) | <input type="checkbox"/> | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) | <input type="checkbox"/> | 168 | 900 | 169 | 900 | Request for expedited examination of a design application | <input type="checkbox"/> | Other fee (specify): <input type="text"/> |  |  |  |  |  | Other fee (specify): <input type="text"/> |  |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  | SUBTOTAL (3) (\$ 00.00) |  |
| Fee Code   | Fee (\$)        | Fee Code  | Fee (\$)        | Fee Description  | Fee paid                 |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 105  | 130             | 205   | 65              | Surcharge - late filing fee or oath  | <input type="checkbox"/> |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 127  | 50              | 227   | 25              | Surcharge - late provisional filing fee or cover sheet                     | <input type="checkbox"/> |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 139  | 130             | 139   | 130             | Non-English specification  | <input type="checkbox"/> |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 147  | 2,520           | 147   | 2,520           | For filing a request for ex parte reexamination                            | <input type="checkbox"/> |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 112  | 920*            | 112   | 920*            | Requesting publication of SIR prior to Examiner action                     | <input type="checkbox"/> |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 113  | 1,840*          | 113   | 1,840*          | Requesting publication of SIR after Examiner action                        | <input type="checkbox"/> |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 115  | 110             | 215   | 55              | Extension for reply within first month                                     | <input type="checkbox"/> |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 116  | 400             | 216   | 200             | Extension for reply within second month                                    | <input type="checkbox"/> |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 117  | 920             | 217   | 460             | Extension for reply within third month                                     | <input type="checkbox"/> |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 118  | 1,440           | 218   | 720             | Extension for reply within fourth month                                    | <input type="checkbox"/> |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 128  | 1,960           | 228   | 980             | Extension for reply within fifth month                                     | <input type="checkbox"/> |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 119  | 320             | 219   | 160             | Notice of Appeal   | <input type="checkbox"/> |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 120  | 320             | 220   | 160             | Filing a brief in support of an appeal                                     | <input type="checkbox"/> |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 121  | 280             | 221   | 140             | Request for oral hearing   | <input type="checkbox"/> |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 138  | 1,510           | 138   | 1,510           | Petition to institute a public use proceeding                              | <input type="checkbox"/> |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 140  | 110             | 240   | 55              | Petition to revive - unavoidable   | <input type="checkbox"/> |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 141  | 1,280           | 241   | 640             | Petition to revive - unintentional   | <input type="checkbox"/> |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 142  | 1,280           | 242   | 640             | Utility issue fee (or reissue)   | <input type="checkbox"/> |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 143  | 460             | 243   | 230             | Design issue fee   | <input type="checkbox"/> |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 144  | 620             | 244   | 310             | Plant issue fee  | <input type="checkbox"/> |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 122  | 130             | 122   | 130             | Petitions to the Commissioner  | <input type="checkbox"/> |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 123  | 130             | 123   | 130             | Petitions related to provisional applications                              | <input type="checkbox"/> |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 126  | 180             | 126   | 180             | Submission of Information Disclosure Stmt                                  | <input type="checkbox"/> |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 581  | 40              | 481   | 40              | Recording each patent assignment per property (times number of properties) | <input type="checkbox"/> |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 146  | 740             | 246   | 370             | Filing a submission after final rejection (37 CFR 1.129(a))                | <input type="checkbox"/> |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 149  | 740             | 249   | 370             | For each additional invention to be examined (37 CFR 1.129(b))             | <input type="checkbox"/> |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 179  | 740             | 279   | 370             | Request for Continued Examination (RCE)                                    | <input type="checkbox"/> |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 168  | 900             | 169   | 900             | Request for expedited examination of a design application                  | <input type="checkbox"/> |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| Other fee (specify): <input type="text"/>  |                 |   |                 |  |                          |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| Other fee (specify): <input type="text"/>  |                 |   |                 |  |                          |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| *Reduced by Basic Filing Fee Paid  |                 |   |                 | SUBTOTAL (3) (\$ 00.00)  |                          |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 2. BASIC FILING FEE<br><table border="1"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td><u>740.00</u></td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td><input type="checkbox"/></td></tr> <tr> <td colspan="6">SUBTOTAL (1) (\$ 740.00)</td> </tr> </tbody> </table> |                 |   |                 |  |                          |  |  | Large Entity Fee Code | Entity Fee (\$) | Small Entity Fee Code | Entity Fee (\$) | Fee Description | Fee Paid   | 101           | 740     | 201  | 370                    | Utility filing fee                  | <u>740.00</u>                                       | 106 | 330 | 206                               | 165 | Design filing fee                                      | <input type="checkbox"/> | 107 | 510                      | 207 | 255 | Plant filing fee          | <input type="checkbox"/> | 108  | 740   | 208 | 370   | Reissue filing fee                              | <input type="checkbox"/>                                 | 114                     | 160  | 214 | 80   | Provisional filing fee                                 | <input type="checkbox"/> | SUBTOTAL (1) (\$ 740.00) |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| Large Entity Fee Code  | Entity Fee (\$) | Small Entity Fee Code   | Entity Fee (\$) | Fee Description  | Fee Paid                 |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 101  | 740             | 201   | 370             | Utility filing fee   | <u>740.00</u>            |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 106  | 330             | 206   | 165             | Design filing fee  | <input type="checkbox"/> |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 107  | 510             | 207   | 255             | Plant filing fee   | <input type="checkbox"/> |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 108  | 740             | 208   | 370             | Reissue filing fee   | <input type="checkbox"/> |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 114  | 160             | 214   | 80              | Provisional filing fee   | <input type="checkbox"/> |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| SUBTOTAL (1) (\$ 740.00)   |                 |   |                 |  |                          |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 2. EXTRA CLAIM FEES<br><table border="1"> <thead> <tr> <th>Extra</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Total Claims</td><td>- 20** =</td><td><input type="checkbox"/> X <input type="checkbox"/> = <input type="checkbox"/></td></tr> <tr><td>Indep. Claims</td><td>- 3** =</td><td><input type="checkbox"/> X <input type="checkbox"/> = <input type="checkbox"/></td></tr> <tr><td>Multiple Dependent</td><td></td><td><input type="checkbox"/> = <input type="checkbox"/></td></tr> </tbody> </table>   |                 |   |                 |  |                          |  |  | Extra                 | Fee from below  | Fee Paid              | Total Claims    | - 20** =        | <input type="checkbox"/> X <input type="checkbox"/> = <input type="checkbox"/> | Indep. Claims | - 3** = | <input type="checkbox"/> X <input type="checkbox"/> = <input type="checkbox"/> | Multiple Dependent     |                                     | <input type="checkbox"/> = <input type="checkbox"/> |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| Extra  | Fee from below  | Fee Paid  |                 |  |                          |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| Total Claims   | - 20** =        | <input type="checkbox"/> X <input type="checkbox"/> = <input type="checkbox"/>  |                 |  |                          |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| Indep. Claims  | - 3** =         | <input type="checkbox"/> X <input type="checkbox"/> = <input type="checkbox"/>  |                 |  |                          |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| Multiple Dependent   |                 | <input type="checkbox"/> = <input type="checkbox"/>   |                 |  |                          |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| <table border="1"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim</td></tr> <tr><td>108</td><td>84</td><td>209</td><td>42</td><td>*Reissue independent claims over original patent</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>*Reissue claims in excess of 20 and over original patent</td></tr> <tr> <td colspan="4">SUBTOTAL (2) (\$ 00.00)</td> <td colspan="4">SUBTOTAL (3) (\$ 00.00)</td> </tr> </tbody> </table>   |                 |   |                 |  |                          |  |  | Large Entity Fee Code | Entity Fee (\$) | Small Entity Fee Code | Entity Fee (\$) | Fee Description | 103  | 18            | 203     | 9  | Claims in excess of 20 | 102                                 | 84  | 202 | 42  | Independent claims in excess of 3 | 104 | 280  | 204                      | 140 | Multiple dependent claim | 108 | 84  | 209                       | 42                       | *Reissue independent claims over original patent | 110   | 18  | 210   | 9   | *Reissue claims in excess of 20 and over original patent | SUBTOTAL (2) (\$ 00.00) |      |     |      | SUBTOTAL (3) (\$ 00.00)                                |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| Large Entity Fee Code  | Entity Fee (\$) | Small Entity Fee Code   | Entity Fee (\$) | Fee Description  |                          |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 103  | 18              | 203   | 9               | Claims in excess of 20   |                          |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 102  | 84              | 202   | 42              | Independent claims in excess of 3  |                          |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 104  | 280             | 204   | 140             | Multiple dependent claim   |                          |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 108  | 84              | 209   | 42              | *Reissue independent claims over original patent                           |                          |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| 110  | 18              | 210   | 9               | *Reissue claims in excess of 20 and over original patent                   |                          |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |
| SUBTOTAL (2) (\$ 00.00)  |                 |   |                 | SUBTOTAL (3) (\$ 00.00)  |                          |  |  |                       |                 |                       |                 |                 |  |               |         |  |                        |                                     |   |     |     |                                   |     |  |                          |     |                          |     |     |                           |                          |  |       |     |       |   |  |                         |      |     |      |  |                          |                          |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |       |     |     |   |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |   |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |                         |  |

\*\* or number previously paid, if greater. For Reissues, see above

Complete (if applicable)

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| Signature         |  |                                  |        | Date      | Feb. 28, 2002 |

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Kubiak *et al.*

Appl. No. *To be assigned*

Filed: *Herewith*

For: **Automated Liquid Manufacturing System**

Art Unit: *To be assigned*

Examiner: *To be assigned*

Atty. Docket: 0942.2840003

**Authorization To Treat A Reply As Incorporating An Extension Of Time Under 37 C.F.R. § 1.136(a)(3)**

Commissioner for Patents  
Washington, D.C. 20231

Sir:

The U.S. Patent and Trademark Office is hereby authorized to treat any concurrent or future reply that requires a petition for an extension of time under this paragraph for its timely submission, as incorporating a petition for extension of time for the appropriate length of time. The U.S. Patent and Trademark Office is hereby authorized to charge all required extension of time fees to our Deposit Account No. 19-0036, if such fees are not otherwise provided for in such reply.

Respectfully submitted,

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